

UNITED STATES DISTRICT COURT
 Eastern DISTRICT OF NEW YORK

CV 12 - 5588

ORIGINAL

Rev. Anthony Columbus Smith

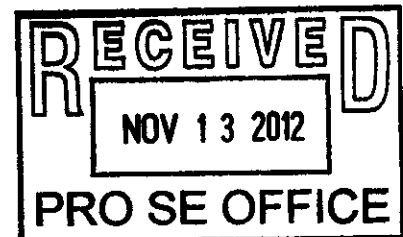
(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

Vangie DE La Rosa - Admin^{str} Jury Trial: ☐ Yes ☐ No
Matthew Gerson OWNER (check one)

112 W 34 St AMON, CH.J.
New York City
10120-0101
Gerson + Gerson company



(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Anthony Columbus Smith
 Street Address 408 Bain Bridge St
 County, City BROOKLYN, N.Y. 11233
 State & Zip Code NEW YORK 11233
 Telephone Number 347-405-5077

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Vangie DE La Rosa - Administron
 Street Address 112 W34 St
 County, City New York City
 State & Zip Code N.Y. 10120-0101
 Telephone Number A.C.S.

Defendant No. 2 Name MR. ManThew Gerson - owner
 Street Address 112 W34 St
 County, City New York City
 State & Zip Code N.Y. 10120-0101
 Telephone Number A.C.S.

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? _____

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Gerson + Gerson
112 W 34 St New York City.

B. What date and approximate time did the events giving rise to your claim(s) occur? _____
It happen in ~~1999~~ MARCH - 19 - 10
MR. MATTHEW Gerson, sign the Form in front of me!

C. Facts: MR. Columbus Smith pass - my Father
so call Gerson + Gerson. I spoke with the
Administrator who name is "Vangie De La Rosa"
she say to me that my half sister call.
the Sob. try to get my Father to York plan. I said
Bik. ms. DE La. Rosa - told me to come in her
office with my Father "Death Certificate" so
that she can file the Forms. II Anthony
Smith. Went to her office, she said to
me that I WAS the Beneficiary of my Father
plan. ~~What so~~ I gave her my Father "Death Cer"
I do not know what happen - She told
my lawyer that she gave the money to Bent Hester
Crating she use my Father Death cer that I
gave her that not for my half sister not my Father
child.

What
happened
to you?

Who did
what?

Was anyone
else
involved?

Who else
saw what
happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. NONE

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I would like the Court to FIND out why ms. De La Rose gave my Father Death cert to some one who He has not spoke with sent "Death" BenHester Craig move out of Mr. Columbus Smith Home. Year's ago. My Father change all his paper work to me I took care of him up until his Death. He did not speak BenHester Craig or ms De La Rosa, or with Mathew. Because Mr. Smith was not getting his check at one time, Mr. Smith, sent me to find out what happen. the company Gerson & Gerson change 401k plan. to also He retired from them. ms. De La Rose gave me new Form for him to file I gave them to my Father He file I gave them back.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13 day of NOV, 2012

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

MR. Anthony Columbus Smith
408 Bain Bridge St
Brooklyn, N.Y. 11233

347-405-5077

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number

Distribution Request Form

1. General Information

Company Name: Gerson & GersonPlan Name: Gerson & Gerson Inc. 401k PlanParticipant's Name: Columbus SmithAddress: 408 Bain Bridge Street

City, State, Zip: _____

Marital Status: ☐ Married
☒ SingleSocial Security #: 409-52-3969 Date of Birth: 9-23-1933 Last Day Worked: MAY 4, 2007

2. Reason for Distribution

Date of Event: _____

- ☐ Termination of Employment
- ☐ Qualified Domestic Relations Order
- ☒ Normal Retirement Age
- ☐ In-Service / Hardship⁽¹⁾
- ☐ Required Minimum (over age 70 ½)
- ☐ Death
- ☐ Disability
- ☐ Return of Excess:

☐ Current Year 2008 (Enter Year)

☐ Prior Year _____ (Enter Year)

\$ _____ Amt. of Excess

\$ _____ Amt. of Earnings

Beneficiary Information (if applicable)

Name: Anthony C. Smith - SONAddress: 408 Bain Bridge StCity, State, Zip: Brooklyn, N.Y.Phone Number: 347-405-5077Date of Birth: 10-24-59Social Security #: 085-58-9796

To be completed by Plan Administrator

Date of Hire: _____ Years of Service: _____

Vested Percentage: _____ %

⁽¹⁾ A completed INSERVICE WITHDRAWAL REQUEST FORM must accompany any request for an In-service or hardship distribution

3. Payment Instructions

A. [Redacted] I elect to have _____ % or \$ _____ of my vested account in the Plan paid directly to me, less 20% Federal Income Tax withholding. (Note: Taxes will not be withheld for amounts under \$200.00)

*If the distribution is made payable to a Beneficiary or recipient of QDRO, please provide Payee's Social Security Number: _____

B. ☐ Direct Rollover: I elect to have _____ % or \$ _____ of my vested account in the Plan directly transferred to the following IRA or Plan:

Name of IRA or Employer Plan: _____

Make Check Payable to: _____

Mail Check to: _____

Address: _____

(Note: Provide address of financial institution or new employer to where rollover distribution check should be mailed.)

IRA Account Number (if available): _____

C. ☐ Installments: I elect to have \$ 1,000 distributed from my account on a ☒ monthly ☐ quarterly ☐ annual basis

Send my distribution to:

- ☒ My address of record.
☐ To my bank checking account (ACH)
☐ To my bank savings account (ACH)

Bank Name

Bank Address

ABA Routing Number

Account Registration Name

Account Number

Note: If a portion of your account is attributable to Roth Contributions and you have special payment instructions related to this portion, please complete the "Addendum - Special Payment Instructions for Roth Portion of Account" section of the Distribution Request Form.

4. Waiver of Waiting Period

You must receive the "Special Tax Notice" at least 30 days (but not more than 90 days) prior to receiving your distribution; however, you may waive the 30-day waiting period if you wish to have your benefit paid earlier. Please check the applicable box below:

- ☒ I wish to waive the 30-day waiting period.
☐ I do not wish to waive the 30-day waiting period.

5. Signatures

I have read and understand the attached "Special Tax Notice". I hereby request payment from the Plan designated above in the manner indicated. I certify that all information provided by me is true and accurate, and I agree to submit additional information if requested by the Plan Administrator (Employer), Financial Institution or any Plan Fiduciary. I have not received any tax advice from the Plan Administrator and all decisions regarding this Plan distribution are my own. I understand that there may be a processing fee associated with this request and that I can contact the Employer/Plan Administrator for this information.

Columbus Swartz
 Participant (or Beneficiary) Signature

Date

COLUMBUS SWARTZ
 Print Name

Matthew Gerson 3/19/10
 Employer/Plan Administrator Signature Date

MATTHEW GERSON
 Print Name

Third Party Plan Administrator - Review and Signature

Date

Print Name

Addendum - Special Payment Instructions for Roth Portion of Account

A portion of my account is attributable to Roth Contributions. Payment instructions for the non-Roth portion of my account were provided in Section 3 of the Distribution Request Form. What follows are my payment instructions for the Roth portion of my account:

A. ☐ Single Cash Payment: I elect to have ____% or \$_____ of the post-tax (Roth) portion of my account paid directly to me, less
20%

Federal Income Tax withholding. (Note: Taxes will not be withheld for amounts under \$200.00).

B. ☐ Direct Rollover: I elect to have ____% or \$_____ of the post-tax (Roth) portion of my account transferred to the
following Roth

IRA or plan:

Name of Roth IRA or Employer Plan: _____

Make Check Payable to: _____

Mail Check to: _____

Address: _____

(Note: Provide address of financial institution or new employer to where rollover distribution check should be mailed.)

IRA Account Number (if available): _____